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ndicated unless correcte naintenance fee notificat	d below or directed oth ions.	erwise in Block 1, by (a					rate "FEE ADDRESS" for
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Barbara A. Shin Director, Patents Bayer HealthCar	I he Sta add trai	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	3	ATTOR	NEY DOCKET NO.	CONFIRMATION NO
10/537,630	10/537,630 06/03/2005		Louis-David Cantin				
TITLE OF INVENTION METHOD OF PREPARA		CID DERIVATIVES A	ND THEIR USE AS PH	ARMACEUTICAL	AGENT	S, INTERMEDIAT	ES, AND
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	03/15/2010
EXAM	INER	ART UNIT	CLASS-SUBCLASS]			
BIANCHI, KRISTIN A		1626	514-365000	_		M	
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"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.				
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Bayer Pharmaceuticals Corporation West Haven, Connecticut							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual XXI Corporation or other private group entity 🗀 Government							
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